

Mississippi Insurance Department
P. O. Box 79
Jackson, MS 39205-0079

MISSISSIPPI

Report is due no
later than March 1st

ANNUAL PREMIUM FILING FORM FOR RISK PURCHASING GROUPS AND RISK RETENTION GROUPS

In accordance with Miss. Code Ann. § 83-55-16 (Rev. 1999), please complete this annual report and return to the:

Mississippi Insurance Department
Attn: Accounting Division
P. O. Box 79
Jackson, MS 39205-0079

Name of Group Reporting: _____

Contact Person: _____ Phone No. _____
Print or Type

Contact Person: _____
Signature

TOTAL PREMIUMS WRITTEN FOR THE YEAR \$ _____

TOTAL TAXES PAID FOR THE YEAR \$ _____

Total premiums written for January - March \$ _____

Total premiums written for April - June \$ _____

Total premiums written for July - September \$ _____

Total premiums written for October - December \$ _____

Failure to comply to Miss. Code Ann. § 83-55-16 (Rev. 1999), shall be subject to disciplinary action, including revocation of registration to operate in Mississippi.